

CARE HONDURAS

Improving Childhood Health Project PROMESIN

FINAL REPORT

Submitted to USAID Honduras

Tegucigalpa, D.C., June 2002

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	4
II. PROJECT PRESENTATION	5
III. PROJECT'S INFLUENCE ZONE AND BENEFICIARIES	6
IV. PROJECT STRUCTURE	6
V. PARTNERS AND COUNTERPARTS	7
VI. PROJECT OUTPUTS	7
VII. RESEARCH PERFORMED	10
VIII. FINANCIAL EXECUTION	11
IX. FAVORABLE FACTORS	11
X. OBSTACLES AND WAYS TO OVERCOME THEM.....	12
XI. RECOMMENDATIONS FOR FUTURE INTERVENTIONS.....	12
XII. LESSONS LEARNED.....	12
 ANNEX #1 CHART INFLUENCE ZONE AND BENEFICIARIES	14
ANNEX #2. ADVANCE IN THE PROJECT INTERVENTIONS	15
ANNEX #3. LETTER OF UNDERSTANDING CARE – MINISTRY OF HEALTH.....	16
ANNEX #4. SUB-GRANT AND TRANSFER DOCUMENT	20

ACRONYMS

NAME	ENGLISH	SPANISH
Household Livelihood Security	HLS	SMVH
Integral Attention to Diseases Prevailing in Childhood	IAIPD	AIEPI
Integral Attention to Community Children	IACC	AIN-C
Information, Education and Communications Plan	IEC	IEC
Programming Team Technical Advisors		EQUIPROCARE
Health Post with Doctor		CESAMO
Rural Health Post Center		CESAR
Project Implementation Report	PIR	
Community Oral Rehydration Units		UROC

I. EXECUTIVE SUMMARY

This report describes results achieved by the Improving Children's Health Project within the NGO's Intersectorial Reconstruction Program Framework, during the July 2000 – March 2002 period. The project was carried out in the Department of Choluteca, with the Ministry of Health as the main partner, who's main role was coaching the project in the interventions' socialization, planning, execution and, follow-up.

The project focused Household Livelihood Security (HLS), on improving health security with its main axis being decreasing children's mortality and morbidity.

The following are the main results:

1. Training 100% of the health technicians from Health Region No. 4, in the Integral Attention of Infancy Prevailing Diseases (IAIPD) strategy.
2. Training 100% of institutional and community staff in the Integral Attention to Community Children (IACC) strategy.
3. Training 100% of health technicians in the following components: Maternal Breastfeeding, Community Empowerment, Water and Hygiene Promotion, Reference System and, Epidemiological Surveillance.
4. Training Health Volunteers in the components of: Counselors in Maternal Breastfeeding, Community Empowerment, Monitors and IACC Monitors, Epidemiological Surveillance System and Reference and, Community Oral Rehydration Units.
5. Equipment of 30 Health Centers, at the regional, area and, sectorial levels with filing cabinets, shelves, blackboards, television sets, VHS, computers.
6. Strengthening the Information System for health technicians and health volunteers with input such as: printer forms, calculators, notebooks for information registration and, letter and legal size bond paper.
7. Research on knowledge and attitude of mothers of children less than two years old, and knowledge and practices of the integral children's attention, nutrition and maternal breastfeeding institutional staff.
8. Start up of the Coordination Plan with other NGOs.
9. Information, Education and Communications Plan (IEC) and Radio Education.
10. Research on Knowledge and Practices of mothers of children under two years old and of the integral children's attention, nutrition and maternal breastfeeding institutional staff.
11. Equipping 27 Community Oral Rehydration Units with: chairs, tables, pots and oral rehydration salts.

PROMESIN was executed with the USAID financial support of US\$488,581, plus an in kind contribution from CARE, of US\$55,962.00, for a total budget of US\$544,813.00.

The following favorable factors for the successful project's execution can be identified: project acceptance by the Ministry of Health staff at the central, regional, zone, sectorial and local levels; support from the Municipalities; timely financial availability for the execution of interventions; support from CARE's various departments; technical support from CARE's ACD Program and Programming Team Technical Advisors (EQUIPROCARE).

Among unfavorable factors the following can be mentioned: five labor strikes at the Ministry of Health, during the life of the project; the latest on September 2001, lasting three months, affecting the development of programmed activities due to the short life span of the project.

It is also worth mentioning the effective partnership relationship between CARE and the Ministry of Health resulted in the technical quality of project implementation, essential for achieving the project's goals.

II. PROJECT PRESENTATION

CARE Honduras is a private, non-religious, non-governmental organization with 44 years of work in Partnership with the Government of Honduras, other NGOs, and communities, in poverty relief and development promotion projects. In 1995, CARE Honduras programming adopted the Household Livelihood Security (HLS) framework focusing its interventions on most vulnerable population in Honduras.

PROMESIN complemented CARE's already existing programs in Choluteca in the municipalities of Marcovia, Namasigue and, El Corpus. PROMESIN was a community health project designed to contribute to the children's mortality and morbidity reduction; developing actions in child survival in the Department of Choluteca, which was severely affected by Hurricane Mitch.

The project based its work in achieving the Vision and Mission of CARE, by facilitating activities performed as a citizenry rights and duties in favor of the project's beneficiaries dignity. The community health project was implemented in partnership with Health Region No. 4, using a two-level focus to try and solve predominant health problems for the institutional and community levels.

For the implementation of the project, a logframe was developed with one impact goal and two effect goals, which include the different factors intervening in the achievement of health security.

The project's Impact Goal: contributing to the reduction of morbidity and mortality among children in the Department of Choluteca.

Effect Goals:

♦ Effect Goal # 1:

Improving the capacity of the Ministry of Health's staff to provide quality services by applying the AIEPI model and coaching volunteer's work in the implementation of AIN-C and other strategies (UROC, Maternal Breastfeeding). Indicators for the achievement of this goal are:

Institutional Strengthening Indicators:

- 100% of health staff from Health Region No. 4 trained on AIN-C and AIEPI.
 - 100% of health staff at the three (3) target CESAMOS, following AIEPI models and guidelines.
 - Supervisory System functioning for monitoring the institutionalization of AIN-C and AIEPI.
 - All nurses and doctors at the three (3) target CESAMOS trained on the promotion of maternal breastfeeding and nutrition.
 - 25 volunteer trained on maternal breastfeeding counseling and 10 maternal breastfeeding support groups established.
 - 70 TSC trained on the promotion of maternal breastfeeding, complementary feeding and growth surveillance.
 - 5 growth monitoring groups formed in the most remote communities.
 - All health units have and implement hygiene education plans.
 - 70 TSC trained on the promotion of hygiene and water conservation.
 - UROC Volunteers trained, UROC's equipped and with sustainable ORS provision.
 - 30 health technicians trained on volunteer's supervision and with supervision plans implemented.
 - 30 health technicians and 70 TSC trained on community empowerment.
-

- Reference-counter reference system functioning between health units and TSC.

◆ **Effect Goal # 2:**

Promote behavioral changes in target households through the implementation of an effective education strategy. Indicators for this effect goal are:

Behavioral Change Indicators at the Community Level:

Increasing by at least ten percentual points over the baseline:

- Mothers practicing maternal breastfeeding exclusively during the first six months of the infant's life.
- Mothers able to describe at least one danger sign for pneumonia.
- Mothers/households seeking medical attention when their children are fast breathing or having intercostal stretching during the most recent IRA episode and completed prescribed treatment.
- Mothers able to describe two signs for dehydration and two signs of severe diarrhea.
- Mothers/households seeking medical attention when their children presented dehydration or severe diarrhea.
- Families using Litrosol or liquids increased household serums (tea, rice water) when a child has diarrhea.
- Mothers with children between 6 and 24 months old that feed them at least five times a day.
- Households weighting their children every two months (Ministry of Health norm).

III. PROJECT'S INFLUENCE AREA AND BENEFICIARIES

PROMESIN was implemented in the Southern municipalities of El Corpus, Marcovia and, Namasigue, based on the Ministry of Health area of influence.

Health Services were performed at:

- CESAMOS: 5
- CESARES: 23
- Communities: 50

Beneficiaries:

- Doctors 11
- Assistant Nurses 53
- Professional Nurses 6
- Health Volunteers 107
- Health Promoters 18
- Mothers 955
- Children under 2 years 1,034
- Children under 5 years 1,353
- Households 2,826

See annex #1 - chart for the influence area and beneficiaries

IV. PROJECT'S STRUCTURE

For the implementation of this project, the following staff was contracted:

- **Project Manager.** In charge of: overall technical supervision, monitoring the budget and the finances, coordination with the CARE's main office in Tegucigalpa and with other CARE projects in the region. Liaison with the Ministry of Health's regional and central staff.
- **Coordinator 1.** Among the main functions are: supervising activities in Marcovia. Implementation of training and technical supports for Health Region No. 4 staff. Liaison with the CESAMO Director in Marcovia.
- **Coordinator 2.** Responsible of: supervising project activities in Namasique and El Corpus. Liaison with CESAMO directors, coordinating with other NGO's and organizing radio education; up to May 2001, two coordinators worked due to the transfer of one coordinator to another project.
- **Field Educators:** Two were assigned to each of the three CESAMOS. Their functions were: training health unit staff, providing technical assistance and guidance on planning, and implementation of all activities in the community including volunteers' training and supervision. As per the analysis performed during the project's execution, some rearrangements were necessary for the municipality of Marcovia, where from only one educator was assigned.
- **Secretary:** Main functions: provide administrative assistance to the project.

The project also obtained administrative and technical support from the following:

- a. **Monitoring and Evaluation Assistant.** Main function: conduct the operationalizing of the project's Monitoring and Evaluation component.
- b. **1 Driver.** As support to the administrative work in transporting materials to the Ministry of Health.
- c. **IEC Coordinator.** Coordinate the project's information, education and communication activities.

The Mission through its ACD Program and Program Support coached the development of the project's activities by providing timely technical and financial assistance for the execution of PROMESIN.

V. PARTNERS AND COUNTERPARTS

The Ministry of Health was the project's main partner, establishing a close working relationship with Health Region No. 4.

The role that the Ministry of Health staff played was key to all the process, from the socialization, planning, execution and follow-up of interventions at every level, providing human resources from the different health posts, to keep continuity of the project by means of health volunteers supported by follow-up at the CESAMO level.

The Ministry of Health, by means of Region No.4, has been committed to provide continuity to the application of AIN-C and AIEPI strategies.

VI. PROJECT RESULTS

The project's final results by effect goal as per the Project Implementation Report (PIR) are as follows:

Effect Goal # 1

Improve Ministry of Health's staff capacity to provide quality services by applying the AIEPI model and by coaching volunteer work in the implementation of AIN-C and other community strategies.

1. ***Training health technicians from Health Region No. 4 in Integral Attention to Prevailing Diseases in Children strategy (AIEPI):*** CARE obtained 101.5% of the goal, by using protocols already established by the Ministry of Health. It provided logistical support and materials to ensure that training would cascaded down to all CESAMOS and CESARES technicians (*see annex #2 – Interventions*).
2. ***Training health technicians from Health Region No. 4 in Integral Attention to Community Children strategy (AIN-C):***
AIN-C: The project trained technicians from the Ministry of Health on improving technical knowledge, counseling skills, and methods to promote maternal breastfeeding and nutrition in children under two years old, reaching 109.2% and 100% for health volunteers (*see annex #2 – Interventions*).
3. ***Training health technicians in the following components: Maternal Breastfeeding, Community Empowerment, Water and Hygiene Promotion, Reference System and Epidemiological Surveillance:*** Facilitator teams were formed between CARE and the Ministry of Health, workshops were developed for health volunteers, achieving 100% execution (*see annex #2 – Interventions*).
4. ***Training health volunteers in the following components: Counselors for Maternal Breastfeeding, Community Empowerment, Monitors and AIN-C Monitors, Epidemiological Surveillance and Reference System and Community Oral Rehydration Units:***
 The project trained 56 volunteers in AIN-C, 30 maternal breastfeeding counselors, 78 community empowerment volunteers, 27 volunteers for the management of oral rehydration units, 78 volunteers in the surveillance and reference system and in promotion and hygiene; achieving 100% in all interventions.

 CARE identified that monitoring children growth is effective for the improvement of the nutritional status, since volunteers carry out monthly weighting meetings and provide counseling to families on improved child feeding practices. CARE provided Detecto scales for weighting children, due to the lack of Salter scales in the market. Educational materials produced by the Ministry of Health and BASIC were used. In addition, materials provided by CARE's Child Survival Project developed for peri-urban areas of Tegucigalpa and the materials from the Nutritional Feeding component of HOGASA project, were used (*see annex #2 – Interventions*).
5. ***Supervision System:*** CARE provided methodological training to technical staff from the Ministry of Health on how to effectively train volunteers and how to provide supervision and support. CESAMO staff was able to practice their new skills under the guidance of CARE staff through training of volunteers, achieving 100% (*see annex #2 - Interventions*).
6. ***Strengthening of the health technicians and health volunteers information system by providing input such as: printed forms, calculators, notebooks for entering information and, bond and legal size bond paper:*** complying with the clause established on letter of understanding signed between CARE – Ministry of Health (*see annex #3 – Letter of Understanding*).
7. ***Start up of the Coordination Plan with other NGO's:*** CARE along with the Ministry of Health organized a diagnosis to know the number of existing NGO's in the region, as well as a series of meetings to learn about their activities and to plan coordinate on how to maximize benefits without

duplicating efforts. As a result from these efforts a NGO protocol document was written. Once the project ends, it is expected that, the Ministry of Health will continue with this initiative for the achievement of the health component objectives.

8. ***Equipping 27 Community Oral Rehydration Units:*** Providing chairs, tables, pans and, oral rehydration salts to provide integral attention to children in communities farthest from health units (*see annex #4 – Granting and Transfer Document*).
9. ***Equipping 30 Health units, at the regional, area and sectorial levels with: filing cabinets, shelves, blackboards, television sets, VH, computers:*** complying with the clause established in the letter of understanding signed between CARE – Ministry of Health (*see annex #3 – Letter of Understanding*).

Effect Goal # 2

To promote behavioral changes in target households, by means of effectively implementing education in coordination with NGO's.

1. ***Information, Education and Communication Plan (IEC):*** the project was able to elaborate the IEC plan that includes the following components:

- Problem Description
- Methodological Process with its three moments:
 - Organization
 - Educational proposals Formulation
 - Process Operationalization

An initial IEC workshop was developed with the technical assistance from the CARE Health and Education Program Coordinator on the training of project staff. This workshop was replicated involving both Ministry of Health staff as well as community volunteers.

A copy of the IEC document was provided to Health Region 4 and to the Municipalities for its socialization and follow-up at the different health levels.

CARE's existing health projects Information, Education and Communication Plans were used as basis for the writing of the PROMESIN's IEC Plan.

2. ***Radio Education:*** With the support from the Ministry of Health's Education Unit, CARE was able to tape and disseminate educational messages on a variety of topics including breastfeeding, nutrition, search for pneumonia, diarrhea and HIV/AIDS prevention care.

VII. RESEARCH PERFORMED

#	Research Performed	Objective	Socialized
1.	Baseline Study	Get to know mother behavior regarding health in children under two years old living in the influence areas for the CESAMOS at the Corpus, Marcovia and Namasigue in the Department of Choluteca.	On November 2002, prior to the start up of the project interventions a workshop was developed whereby a summary was provided to the beneficiaries.
		Knowledge and skills from the Health staff on Integral Attention to Children, Nutrition and Maternal Breastfeeding in the Municipalities of Corpus, Marcovia and Namasigue.	On November 2002 prior to the start up of project interventions, a workshop was develop to provide a summary to the beneficiaries.
2.	Evaluation on the Project Advances	Done with the purpose of knowing the degree of achievement and progress of the project interventions. Signing the Letter of Understanding between CARE and the Ministry of Health, in San Lorenzo Valle, April 19, 2001.	This activity was developed with the participation of staff from the Ministry of Health and the ACD Program.
3.	Monitoring of Staff Training in AIEPI	The monitoring was performed for the staff training in AIEPI with the purpose of knowing the application of protocols. This activity took place during September 2001.	
4.	Final Evaluation	Knowing the behavior of mothers regarding the health of children under two years living in the influence area of the CESAMOS from the Corpus, Marcovia and Namasigue in the Department of Choluteca.	This activity took place on November 2001 to report on the impact of project interventions.
		Knowledge and Skills of the health staff on Childhood Integral Attention, Maternal Nutrition and Breastfeeding in the Municipalities of El Corpus, Marcovia and Namasigue.	This activity took place on November 2001 to report on the impact of the project interventions.

VIII. FINANCIAL EXECUTION

PROMESIN was executed with the USAID financial support through a grant of US\$488,851; CARE also provided US\$55,962.00 in-kind, for a total budget of US\$544,813.00. Funding from USAID was executed in a 99%, as shown in chart below. During the first quarter of 2002 the auditing of the project was started as per guidelines provided by USAID.

It is worth mentioning that during October 2001, the request for the reprogramming of the initial budget was approved. The following chart presents a financial summary of programmed versus executed as of March 2002.

**CARE HONDURAS
NGO'S INTERSECTORAL RECONSTRUCTION PROGRAM
IMPROVING CHILD HEALTH PROJECT
Budget Execution Report
July 20, 2000 to March 31, 2002.**

Description		Budget	Expenses	%	Available Balance	%
A	Salaries and Benefits	127,692	128,691	101%	(998)	-1%
B	Per diem and Travel Expenses	78,944	83,624	106%	(4,680)	-6%
C	Equipment	35,633	34,233	96%	1,399	4%
D	Supplies	53,216	64,770	122%	(11,555)	-22%
E	Contracts	19,207	10,191	53%	9,016	47%
F	Other Direct Costs	87,895	72,783	83%	15,112	17%
G	Office Costs	54,198	54,198	100%	-	0%
H	Headquarters Expenses	32,066	34,632	108%	(2,566)	-8%
Total		488,851	483,122	99%	5,729	1%

IX. FAVORABLE FACTORS

- Acceptance and openness of the staff from the Ministry of Health at the central, regional and sectoral levels. Furthermore, it is important to mention the interest shown by Municipal Majors in the execution of PROMESIN.
- Technical and administrative support from the different departments at CARE.
- Timely financial availability for the execution of interventions.

- Permanent support from the USAID liaison officer.
- Technical coaching from the CARE ACD Program and Programming Team Technical Advisors.

X. OBSTACLES AND FORMS TO OVERCOME THEM

1. The different strikes carried out by employees of the Ministry of Health, which took place in the entire region during the project's execution, delayed many activities. There were five strikes during the life of the project, the latest lasting three months. Due to this delay, it was necessary to work extra hours, with the purpose of achieving the goals.
2. The short life of the project affecting, to a large degree, the development of actions due to the diversity of the interventions.

XI. RECOMMENDATIONS FOR FUTURE INTERVENTIONS

1. It is important that the Ministry of Health, at the technical and normative levels responsible, review the proposals presented by development organizations to provide follow up and technical support.
2. In future interventions, in the South region, educators should be placed in Choluteca, to decrease project-operating costs.
3. Increase partnership work with local governments to ensure sustainability.

XII. LESSONS LEARNED

1. The efficient partnership working relationship between CARE and the Ministry of Health has shown that it is feasible to successfully execute, programs destined to decrease childhood mortality and morbidity.
 2. PROMESIN's experience and model can be expanded to other municipalities with higher vulnerability and poverty where CARE works.
 3. The higher community participation higher appropriation of project by the community.
-

ANNEXES

ANNEX #1 AREA OF INFLUENCE AND BENEFICIARIES CHART

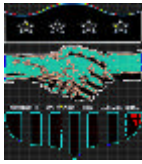
#	DESCRIPTION	NAMASIGUE	EL CORPUS	MARCOVIA	TOTAL
Health Services					
1.	CESAMOS	2	1	2	5
2.	CESARES	5	10	8	23
3.	Communities	20	22	8	50
Beneficiaries					
4.	Doctors	3	4	4	11
5.	Nurse Assistants	11	19	23	53
6.	Professional Nurses	2	2	2	6
7.	Health Volunteers	43	42	22	107
8.	Health Promoters	8	8	2	18
9.	Mothers	412	383	160	955
10.	Children under 2 years	477	393	164	1,034
11.	Children under 5 years	672	549	132	1,353
12.	Households	1,283	1,107	436	2,826

ANNEX #2. PROGRESS IN THE PROJECT INTERVENTIONS

PROGRESS IN THE PROJECT INTERVENTIONS

<u>INTERVENTIONS</u>	<u>PROJECT LIFE</u>					
	INSTITUCIONAL			COMUNITARIO		
	P	R	%	P	R	%
Integral Attention to Diseases	65	66	101.5			
Prevailing in Childhood (AIEPI)						
Integral Attention to Community Children (AIN-C)	65	71	109.2	56	56	100
Maternal Breastfeeding and Nutrition	32	32	100			
Volunteers in M.B. Counseling				30	30	100
Community Empowerment	32	32	100	70	78	111.4
Community Oral Rehydration Units				27	27	100
Surveillance and Reference System	32	35	109.4	70	78	111.4
Promotion and Hygiene	15	14	93	70	78	111.4
Supervision System	32	32	100	-	-	-

ANNEX #3. LETTER OF UNDERSTANDING CARE – MINISTRY OF HEALTH



LETTER OF UNDERSTANDING BETWEEN CARE AND THE MINISTRY OF HEALTH HEALTH REGION # 4 CHOLUTECA, FOR THE EXECUTION OF THE IMPROVING CHILDHOOD HEALTH PROJECT (PROMESIN)

Hereby We, GLORIA MANZANARES, of legal age, married, Honduran, Magister in social labor, I.D. card N° 0501-1955-02840, residing in Tegucigalpa, municipality of the Central District, acting as ACD PROGRAM for **CARE EN HONDURAS**; hereinafter called **CARE** and **MARCIAL GALLARDO**, of legal age, married, Honduran, Doctor, with I.D. card N° 1707-1957-00252, residing in the city of Choluteca, municipality of Choluteca, acting as Director the Health **REGION** No. 4, hereinafter called **THE REGION**, have agreed to sign this **LETTER OF UNDERSTANDING** for the execution of the **Improving Childhood Health Project** in the Department of Choluteca, hereinafter called “**PROMESIN**”, within the USAID Post Mitch Reconstruction Program framework, NGO's Intersectoral Component, under the following terms and conditions:

FIRST:

PROMESIN is a community health Project with Child Survival interventions in the Municipalities of Marcovia, El Corpus and Namasigue. The Project executes its own interventions under the following focus:

- Institutional strengthening based on the Institutionalization of Integral Attention to Childhood Prevailing Diseases (AIEPI) and the implementation of Integral Attention to Childhood in the Community (AIN-C).
- Community Health in the CESAMOS in the above mentioned Municipalities.

SECOND:

“**PROMESIN**” is a project financed by USAID/Honduras “Within the Post Mitch Reconstruction Program, NGO's Intersectoral Component, and by **CARE EN HONDURAS**; for a 16-month period, August 2,000 to November 2001. It will be co-executed in partnership between **CARE** and the **MINISTRY OF HEALTH** through the Health Region No. 4, involving the regional level, health areas No. 2, 3 y 4 and local levels from the CESAMOS and CESARES in the three selected municipalities, as per the proposal.

THIRD:

The **REGION** and **CARE** will watch and support a coordination process with NGO's and GO's in the region, as well as the participation from the local Governments from each municipality; interventions and strategies promoted by the Project will be incorporated in the Municipal Plans in search of better results and capabilities development that make feasible the conditions for sustainability.

FOURTH:

PROMESIN has as its objective “to contribute to decreasing childhood morbidity and mortality in the department of Choluteca” through the achievement of the following intermediate results:

1. Improve the capabilities of the Ministry of Health staff in the Choluteca Health Region to provide services according to the AIN-C and AIEPI attention models.
2. Improve the capabilities of the Ministry of Health staff assigned to the target CESAMOS in Marcovia, El Corpus and Namasigue to effectively coach volunteer work in the implementation of AIN-C and related community activities.
3. Implement in coordination with the Ministry of Health and other NGO's, an effective educational strategy that promotes behavioral changes in target households.

FIFTH:

For the financial execution of **PROMESIN**, **CARE** will make a \$55,962.00 in-kind contribution of materials and equipment, **USAID** will directly provide \$488,851.00 to complement **PROMESIN** financial requirements. Additionally and depending from the success achieved **CARE** will negotiate financing for the continuation and expansion of activities in Choluteca after November 2,001.

SIXTH:

CARE will be responsible for financing work journals, training events and the activities programmed jointly and sponsored by the Project involving health staff and participants from the community level in the **PROMESIN** area of influence.

SEVENTH:

CARE depending on its possibilities will support the **La REGION** with some materials and furniture as follows:

1. Printed forms, stationery, tables, chairs and other inputs to strengthen the information system at the CESAMOS in the Region, CESAMOS and CESARES in the three target municipalities.
2. Filing cabinets, blackboards, audiovisual material and other inputs to strengthen the Information, Education and Communication plan at the regional level, CESAMOS and CESARES in the three municipalities.

This support will be provided according to real needs determined jointly by Health staff and **CARE**.

EIGHTH:

CARE, through **PROMESIN** will promote efforts and actions aimed at strengthening the capability of the region to provide quality health services in the department of Choluteca through the following Interventions:

1.- Regional Level

- a. Institutionalizing AIEPI
 - b. AIEPI Pilot Project for TSCs community health workers.
-

- c. Coordination Plan with other NGO's.
- d. Radio Education.
- e. Epidemiological Surveillance System

2.- CESAMOS Level

- a. Child Integral Attention (AIN)
- b. Skills to work with and retain community volunteers.
- c. A reference/counter reference system.
- d. Education strategy.

3.- Community Level

- a. Community Health Volunteers (USCs)
- b. Growth Monitoring or AIN-C Volunteers.
- c. Maternal Breastfeeding Counselors.
- d. UROC Volunteers.

NINTH:

Being **PROMESIN** a support Project defined in the national health policy and that, as a fundamental axis, it supports and promotes the works in the health region No. 4 of Choluteca; the **REGION** compromises to:

1.- Provide facilities necessary so that the project and its staff execute and coordinate at the regional, area and local levels the different actions and activities derived from agreements, plans and programming agreed for the implementation and development of **PROMESIN**.

2.- Facilitate the access for the Project staff, other staff and officers from **CARE** and **USAID/H** that required information and documentation that the Health **REGION** directly or indirectly manages regarding the Project at any one of the operational levels.

Points 1 and 2 mentioned above refer exclusively to verification and control actions that can be executable at any given moment by the finances or auditing departments of **CARE** and **USAID/H** regarding assets provided by the project.

TENTH:

CARE and the **REGION** through their technical teams or assigned staff will devote their best efforts to achieving to the best of their abilities the implementation and development of the Project. Both will put their best actions and resources in the proper and timely management of problems in any order that jeopardize or interfere with the normal development of **PROMESIN**.

These efforts and executions will be supported according to needs and demands by the technical advisor team from **CARE** en Honduras (EQUIPROCARE) and the central normative technical level from the Ministry of Health.

ELEVENTH:

Once the support from **CARE/PROMESIN** ends, the Region compromises to provide sustainable continuity to the attention models instituted and implemented in the influence areas focussed by **CARE PROMESIN**.

TWELFTH:

This **LETTER OF UNDERSTANDING** is valid from August 2000 to November 2001 and any change deemed necessary to it might be negotiated per common agreement from the parties.

In witness of all of the aforementioned we sign the present **LETTER OF UNDERSTANDING** in the city of Choluteca, Municipality of Choluteca at the 20 days of the month of April of the year 2001.

Licda. Gloria Manzanares

Assistant Country Director Program
CARE- HONDURAS

Dr. Marcial Gallardo

Health Region No. 4 Director
MINISTRY OF HEALTH

Witnessed by: Dra. Eliethe Teresa Girón González

Population Risks Deputy Minister
Ministry of Health

ANNEX #4. SUB-GRANT AND TRANSFER DOCUMENT

We the undersigners, **Barbara Jackson**, acting as **CARE** Director, hereinafter called **CARE** and **MARCIAL GALLARDO** acting as Director for **Health REGION No. 4**, in the department of Choluteca, hereinafter called **REGION # 4**, have agreed in subscribing the present Grant and Transfer Document as per the following clauses and conditions:

FIRST: On April 19, 2001, **CARE and Health Region #4** subscribed letter of understanding for the execution of the Improving Childhood Health Project in the Department of Choluteca (PROMESIN) to be executed in partnership with the Ministry of Health, **Health Region No. 4** for the Municipalities of Marcovia, Namasigüe and, El Corpus that were severely damaged by Hurricane Mitch, hereinafter called **THE AGREEMENT**.

SECOND: Complying with clause seventh from the letter of understanding that reads: CARE depending on its possibilities will support **THE REGION** with some materials and furniture in the following form:

3. Printed forms, stationery, tables, chairs and other inputs to strengthen the information system in the CESAMOS from the Region, CESAMOS and CESARES from the three target municipalities.
4. Filing cabinets, blackboards, audiovisual material and other inputs to strengthen the Information, Education and Communication Plan at the regional level, CESAMOS and CESARES in the three municipalities.

This support will be provided according to real needs determined jointly by Health staff and CARE.

THIRD: Based on the requested submitted by the technical staff from the Ministry of Health, responsible at the regional, area and local levels in the project's target municipalities, **CARE** will donate assets (see attached charts) with the purpose of supporting Childhood Attention activities being developed in the above mentioned levels.

FOURTH: **Health Region #4** accepts assets granted and the terms under which they will be received and will form part of the inventory for each Health facility as per enclosed chart. Being this terms and conditions the following:

1. The administration from **Health Region #4** will register in the Ministry of Health inventories assets received from **CARE**.
2. The administration from **Health Region #4**, with support from **CARE** will distribute assets to the Health facilities in the target municipalities, signing a delivery/receiving voucher as per the distribution chart agreed to by **CARE and Health Region #4**.

FIFTH: to ratify all of the above mentioned and accepted, parties sign the present grant and transfer document in the City of Choluteca at the Eighteenth days of the month of August, 2001.

Barbara Jackson
Director
CARE Internacional en Honduras

Dr. Marcial Gallardo
Health Region No. 4 Director
Ministry of Health

Witness
National Assets
